

**Docket No.**  
**115582-006**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/654,025	September 1, 2000	Carmen D. White	29159	3714	5837

**COMMISSIONER FOR PATENTS:**

The requested extension is as follows (check time period desired):

☐ One month      ☐ Two months      ☒ Three months      ☐ Four months      ☐ Five months

from: May 24, 2004  
Date

until: August 24, 2004  
Date

## CLAIMS AS AMENDED

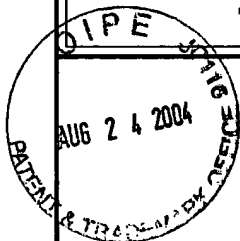
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	22 =	0	x \$18.00	\$0.00
INDEP. CLAIMS	4 -	6 =	0	x \$86.00	\$0.00
FEE FOR AMENDMENT					\$0.00
FEE FOR EXTENSION OF TIME					\$950.00
TOTAL FEE FOR AMENDMENT AND EXTENSION OF TIME					\$950.00

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02 FC 1253	950.00 OP
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**COMBINED AMENDMENT & PETITION FOR EXTENSION OF  
TIME UNDER 37 CFR 1.136(a) (Large Entity)**

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The fee for the amendment and extension of time is to be paid as follows:

- ☒ A check in the amount of **\$950.00** for the amendment and extension of time is enclosed.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. \_\_\_\_\_
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. **02-1818**

*Signature*

Dated: August 20, 2004

Renato L. Smith  
Reg. No. 45,117  
BELL, BOYD & LLOYD LLC  
P.O. Box 1135  
Chicago, IL 60690-1135  
(312) 807-4443

I certify that this document and fee is being deposited  
on Aug. 20, 2004 with the U.S. Postal Service as  
first class mail under 37 C.F.R. 1.8 and is addressed to the  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA  
22313-1450.

*Signature of Person Mailing Correspondence*

**Karin Barrett**

*Typed or Printed Name of Person Mailing Correspondence*

CC: